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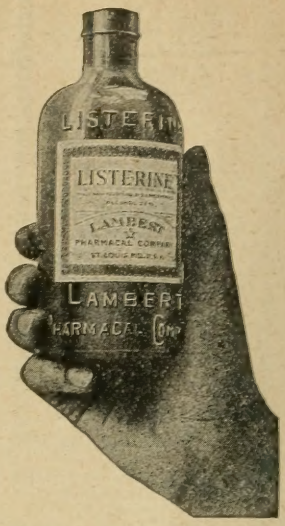

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Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE II.

PRE-CHRISTIAN MEDICINE (CONTINUED). MEDICINE IN HEROIC OR HOMERIC GREECE. IN GREECE OF THE CLASSIC PERIOD. IN REPUBLICAN AND IMPERIAL ROME (GRAECO-ROMAN PERIOD).

AUTHORITIES CONSULTED: The Cult of Asklepios, by Alice Walton; Temple and Ritual of Asclepion, Caton; Hippocrates and the recently discovered Health Temple at Cos, Caton, 1906; Donaria of Medical Interest in the Oppenheimer Collection of Etruscan and Roman Antiquities, by Maurice Albert, British Medical Journal, 1895; Marius the Epicurean, by Walter Pater.

See also Nutting and Dock, Neuburg, Garrison.

3

MEDICINE AND NURSING BEFORE HIPPOCRATES IN THE HOMERIC OR HEROIC AGE OF GREECE (1500 TO 500 B.C.)

REMARKS: Civilization is said to have spread to Greece from Asia Minor and Egypt as early as 3500 B.C. The people were a hardy, sea-

going, nature-loving and artistic race, and early showed the individuality and originality that was to make them later, in the fifth century before the Christian era, the leaders of human thought in art, literature, and, in a certain sense, in medicine, for all time. Their customs are fully described to us in the days of Homer (1000 B.C.), which is known as their Heroic age. Greek surgery was then more highly developed than medicine, probably on account of the war-like times, and there is evidence to show that nursing, both of wounded and diseased, was tenderly and ably done. At this time, too, women physicians practised medicine in Greece, but they were debarred from this privilege later in the Classic Period of Greece. Medical knowledge was very extensive, but was rather formal than scientific, was derived chiefly from Egypt, and the Egyptian office of priest-physician was carried further and specialized more than elsewhere, so that the physician became in many cases separated from the priestly office entirely. Even at this period physicians carried on what was literally a general practice and received sometimes fees for their own remuneration instead of gifts for the god on whose behalf they were in earlier times supposed to officiate, thus making the office entirely secular. In the Greek mythology Apollo, the Sun god, transmitted the power of healing to his son Asklepios, whose marvellous skill soon led to his deification as the Greek god of medicine. The symbol of Asclepios was the serpent which was sacred to medicine, as also in Egypt. Many temples were dedicated to Asclepios, of which the most important were those at Epidaurus near Athens, Cos, and Condus, and all of them became the centres of great schools of physicians. These temples were always in salubrious places, often near mineral springs, and were surrounded by buildings for housing the patients and for sacred or sanitary offices. The characteristic feature of old Greek medicine was the dream oracle. Patients were received at night in the temple, and, after bathing and sacrificing to the god, retired to sleep in the temple portico. Then came the god (or his priestly representative!) to them in their dreams, and told them what to do to be cured, or himself administered to them, or instructed others to this end. A beautiful description of this "incubation" or temple-sleep is given in Marius the Epicurean, pages 19 to 31. Incurables were not cared for in the temples, and the events of birth and death were considered a pollution, and were attended (or neglected) outside of the sacred precincts.

Slide 11—Greek surgeons attending wounded soldiers.

Slide 12—Asclepios, the Greek god of medicine, the son of Apollo, with his daughter Hygeia. His sons were surgeons in the Trojan War, and his followers were called Asclepiads, and were the Greek priest-physicians.

Slide 13—Statue of Asclepios, with the sacred serpent.

Slide 14—Mural tablet, showing Asclepios and his family, with suppliants asking their aid.

Slide 15—Temple of Asclepios in Greece, with one side open to the air, and a row of beds to receive patients who came there for "temple-sleep." During the night the god or his priest appeared to them and told them what they should do to be cured. In the foreground is a patient sacrificing,

and having his wounds licked by one of the sacred snakes which were kept in the temple and were of a harmless kind.

Slide 16—Exterior of Temple of Asclepios.

Slide 17—The Hieron of Epidaurus, showing the position of the temple and the surrounding buildings.

Greek Medicine in the Classic Period. Time of Hippocrates, Age of Pericles (500 B.C. to 146 B.C.)

Remarks: During the five centuries that elapsed between the time of Homer (1000 B.C.) and that of Hippocrates (500 B.C.), the knowledge and powers of the Greek people gradually grew and expanded, under the influence of many favouring circumstances, until they reached a culture which attained, especially in Athens, an extraordinary height. In that wonderful fifth century before Christ, which is known as the Golden Age of Greece, or the Age of Pericles, all human powers seemed to have reached their highest point of development. No other age, place or time has ever produced so many geniuses at the same time. In medicine this occurred in the person of the great Hippocrates, who is known as the father of modern medicine and the greatest medical genius history has produced. We are concerned here with him only, but it is interesting to know that he walked the streets of Athens in the year 460 B.C. with the greatest dramatists, philosophers, sculptors, poets and statesmen the world has ever known, and undoubtedly breathed with them an atmosphere in which the power of nature and the beauty of truth were accepted as first principles. Hippocrates was learned in all the wisdom of Egyptian medicine, but he brought to bear upon it those principles of exact observation and faithful connoting of facts, and of the recognition of the place of the *vic medicatrix naturae* in combatting disease, that are the basis of modern clinical medicine, both in diagnosis and treatment. His methods are those followed at the bedside in the best hospitals to-day, and we are building now, both in medicine and in the art of nursing, on sanitary and ethical foundations laid by the great Greek physician nearly 2500 years ago. His life brought Greek medicine to an extremely high scientific level; from it the famous School of Alexandria was founded in the fourth century B.C., and it supplied Imperial Rome with physicians for several centuries.

Institutions called *Xenodochia,* for relief of sickness and distress of all kinds, were a feature of classic Greece, and were somewhat similar in character and organization to our modern hospitals, and the principles of good nursing were undoubtedly carried out and acted upon under Hippocratic medicine.

Slide 18—Map of Greece, showing the islands of Cos and the Aegean Archipelago.

Slide 19—The Asclepion at Cos, where Hippocrates was trained.

Slide 20—Hippocrates, about 460 B.C.

Slide 21—Copy of the Hippocratic Oath. (Certain passages, not of present day interest, omitted.)

THE OATH. I SWEAR by Apollo, the physician, and Aesculapius and Health and All-heal, and all the gods and godesses, that, according to my ability and judgment, I WILL KEEP THIS OATH and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him and relieve his necessities if required, to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, WITHOUT FEE OR STIPULATION. I will follow the system or regimen which, according to my ability and judgment, I consider FOR THE BENEFIT OF MY PARENTS, and abstain from whatever is deleterious or mischievous. WITH PURITY AND WITH HOLINESS I WILL PASS MY LIFE AND PRACTICE MY ART. Whatever, in connection with my professional practice or not in connection with it, I see or hear, in the life of men, which ought not to be spoken, I WILL NOT DIVULGE, as reckoning that all should not be spoken. While I continue to keep this oath unviolated, may it be granted me to enjoy life and the practice of the Art respected by all men in all times! But should I trespass or violate the oath, may the reverse be my lot!

HIPPOCRATES, 400 B.C.

Slide 22—Hippocrates refusing the invitation of Artaxerxes, King of Persia, to leave his native Greece. Note the rich gifts presented to him by the Persians.

Slide 23—Map, showing the conquests of Alexander the Great, who thus unlocked the East to the West and prepared the way for the Roman civilization. Note the location, also, of Greece, Alexandria, and Rome, all famous centres of medicine during this period.

Slide 24—Alexander the Great, before his death, giving his physician, Philip, a document freeing him from blame for his death. Note the youth of Alexander at the time of his death and the venerable aspect of Philip. Also captives in chains at either side of foreground.

MEDICINE IN THE GRAECO-ROMAN PERIOD (146 B.C. TO 276 A.D.)

REMARKS: After the fall of Corinth (146 B.C.) Greek medicine may be said to have migrated to Rome, where it was introduced by the Greek physician Asclepiades (124 B.C.), and from then on, for several centuries, the progress of medicine in Rome was carried on almost entirely by Greeks. Celsus (31 B.C. to 14 A.D.) was an important *Roman* writer on Medicine (see Slide 31), Galen (131 to 201 A.D.) was the last great Greek physician in Rome, and was the father of Experimental Medicine and exercised a great influence over the medical science of the first twelve centuries of the Christian era (see Slide 32).

Slide 25—Roman statue of Aesculapius (the Latin rendering of Asclepios, the Greek god of medicine).

Slide 26—Surgical instruments recovered from Pompeii.

Slide 27—A Roman operating room.

Slide 28—The Temple of Aesculapius on a sacred island in the Tiber, at Rome, to which the sacred serpent was brought from Greece at the invitation of the Romans, and was here preserved as the incarnation of the Greek healing art. The ruins of this temple still remain, and a large hospital is erected on the island. The bridge was well known as a place for suicides.

Slide 29—Another view of the Temple of Aesculapius, showing the boat-shaped appearance of the island, the City of Rome in the distance, and the suicides' bridge.

Slide 30—Ex Voto or Donaria, from the Temple of Aesculapius. Photograph from a collection in the McGill Medical Library, presented by Sir William Osler. These donaria are terra cotta models of various parts of the body or the whole figure, which were thrown into the Tiber, or hung up in the temple as a thank-offering for healing of disease of the part represented. This slide shows model of finger, ear, eye, face, breast, uterus, foot, a cow without head, and the figure of a woman seated with an infant on her lap.

Slide 31—Donaria, showing points of special medical interest. From an article by Maurice Albert in the British Medical Journal, July 20-27, 1895: (a) The heart with two auricular appendages; (b) an elbow, showing the skin in psoriasis; (c) uterus with displaced and adherent ovary, indicating salpingitis; (d) larynx and trachea; (e) husband and wife offering thanks for offspring, found in the Tiber (near the Insula Sacra); (f) uterus septus, showing two openings; (g) hygienic Roman feeding-cup, with opening running up from the bottom for passage of the milk; (h) kidney.

Slide 32—Celsus (31 B.C. to 14 A.D.), a great Roman writer on medicine and the only one of importance, all the other Roman medical writers having been Greek physicians. He lived in the reign of Augustus Caesar, and was a private gentleman of noble family, who wrote an encyclopedic treatises on medicine which, apart from the writings of the great Hippocrates, which are also extant, give us the clearest idea we possess of all that was done and written in medicine up to this time.

Slide 33—Galen (131-201 A.D.). The greatest of the Roman-Greek physicians, and, next to Hippocrates, the most famous name in the ancient history of medicine, which period may be said to have closed with his life. He was a scientific thinker and worker, but was very dogmatic in his views and was a very voluminous writer; his teachings may be said to have influenced and controlled the development of medical science up to the end of the eighteenth century.

(To Be Continued)

Believe in yourself, believe in humanity; believe in the success of your undertakings. Fear nothing and no one. Love your work. Work, hope, trust. Keep in touch with to-day. Teach yourself to be practical and up-to-date and sensible. You cannot fail.

We are glad to learn that the Dutch nurses are hopeful that a Nurses' Registration Act will soon become law in Holland, and that copies of the English Acts, supplied to their National Council by the National Council of Trained Nurses of Great Britain and Ireland, have been of great assistance to them. The late Mrs. Hampton Robb, of honored memory, was a strong believer in a uniform international standard of nursing; and by consultation, through national organizations of nurses, as Acts of Parliament are passed in the various countries, through the governing bodies set up it will be possible to define a curriculum of nursing education common to all countries where trained nursing is organized.

Address at Annual Meeting of the Provincial Council for Combating Venereal Diseases (Nova Scotia)

By B. Franklin Royer, M.D., Sc.D.
Executive Officer Massachusetts-Halifax Health Commission,
Halifax, N. S.

A few years ago neither physicians nor laymen would have welcomed an invitation to deliver a public address on the subject of venereal diseases. The public, until recently, remained purposely or stupidly blind concerning the havoc wrought by venereal diseases. False notions of modesty prevented mentioning such diseases in polite society. Reference to venereal diseases, even under veiled phrases, in the public press was not to be thought of. Nevertheless, the same press discussed such questions as fornication and bastardy; gave large space to the report of public trials, with the testimony concerning such things; and yet the diseases contracted so commonly through illicit relations in life, and less commonly through innocence or ignorance, were considered repugnant and offensive in type. Fortunately, a change has come about; and this feeling of false modesty has been set aside, at least for a time. If no other permanent good comes from the Great War, now happily ended, than that of making it possible to approach discussion of venereal diseases from the standpoint of prevention or possible cure, an opportunity has been made for public health work and community effort that ought to result in more real life-saving over a period of years than would be credited against the wastage of war in all the centuries. When we refer to venereal diseases, we refer chiefly to syphilis and gonorrhea.

There is no blinking the fact that syphilis is the great scourge of mankind, and that this single disease is responsible for more paralysis, more locomotor ataxia and more feeble-mindedness than all other causes combined; that it is frequently the cause of insanity and epilepsy; and that it is the common disease directly transmitted to the progeny of the infected, as related in Holy Writ: "Even unto the third and fourth generation."

There is no blinking the fact that the other common venereal disease, gonorrhea, is responsible for practically 70 per cent. of the blindness, perhaps 70 per cent. of the mutilating operations within the pelves of women, a very large percentage of the surgical operations on the genito-urinary apparatus of males; that gonorrhea is responsible for nearly all unintentional sterility in males and females, to say nothing of the damaged and rheumatic joints, the infected hearts, and other forms of physical wreckage, and to say nothing of the ruined families and ruined lives of men and women, married or single.

Facing these facts squarely, and adhering to the dictum of Sir Ronald Ross in his ten sanitary axioms concerning prevention of diseases, it is

as plainly the duty of scientific government to attempt the control of these widespread endemic infections as to attempt the control of less crippling endemic transmissible diseases.

Further, for economical reasons alone, governments are amply justified in spending large sums of money to salvage what might otherwise prove human wrecks, costing unlimited sums for continuous support and treatment during chronic stages and during dependency.

It is well known that these diseases are, next to alcoholism, responsible for more pauperism and dependency, requiring State support, than are all other diseases. Hence the economy of organizing governmental effort through clinics for early treatment and continuous care, if we wish to avoid the chronic illness and long-time supporting care in later life. Not only is it the part of governmental economy to provide for such care immediately after affliction with these diseases, but it is the best type of public health work, because early care lessens opportunity for dissemination of infection and for broadcast sowing of the seeds of the disease.

Early and, as nearly as possible, complete cure means much from economic and health standpoint for the individual, but means vastly more in order to spare the innocent, who are thus saved from infection.

Probably the Canadian Government has done no wiser thing in recent times than that of setting aside $200,000.00 to assist the various provincial governments in organizing a campaign for treating and minimizing these diseases in the large centres of provincial population. In this Province your Premier has made provision for meeting the Nova Scotia Dominion grant, and your Provincial Health Officer has plans sufficiently completed to meet with the approval of the Chief of the Federal Department of Health. Clinics will shortly be in operation in a number of points throughout the Province; such clinics will be "militant forces for prophylaxis," as well as powerful agents in a curative sense. In a short while a poor Nova Scotian may secure scientific treatment, whether for disease contracted in the line of social sin or innocently; whether the individual be a man, woman or child, respected or of the immoral class. Poor citizens will be able to get such treatment as they require, and that treatment will be properly controlled by invoking the aid of the Provincial Laboratory. Incidentally, the laboratory will soon be considerably increased in personnel in order to handle the volume of work that will certainly be thrust upon it.

The Council for Combating Venereal Disease of this Province has co-operated with the Provincial Health Department in full measure in developing the campaign to its present stage. The work, however, is as yet only fairly well begun. It is true, during the existence of the Council for Combating Venereal Disease, as shown in the splendid report of the secretary, a considerable amount of literature has been published and distributed, and a great deal of public interest has been aroused; branch councils have been organized, and many others will be organized throughout the Province. The public are awaking to the fact that it is worth

while saving a life at any stage and from whatever disease.

The future line of attack from the governmental standpoint, then, will be to increase facilities for treatment, until cured, for all those who are unable to procure such treatment; to relieve the practicing physician from the burden of treating those who are unable to pay for care, at great personal inconvenience and personal loss.

Future plans contemplate the closest sort of co-operation with the courts and the committing magistrates looking toward the furnishing of treatment to the immoral and criminal classes while confined, awaiting trial, or serving sentence. In many instances it is hoped that provision may be made to provide treatment for these classes while under a form of agreement with the court, or perhaps later under a modified form of suspended sentence.

The greatest aim, end and object of the governmental programme, however, will be attained along the lines of rational education, looking toward prevention, toward improving the moral code, and toward offsetting the influence of the four-age-old sex lies. Let us for a moment discuss these lies. First, the lie that the venereal diseases are things of minor importance and are not to be seriously considered or feared. The facts are, the venereal diseases are man's worst enemies, causing more needless disease, death, sorrow, suffering and marital unhappiness than all other causes combined.

Second, the lie which is a travesty upon virtue, namely, that sex indulgence is necessary for the preservation of health. Probably no greater lie ever was perpetrated, and the very best living example of the falsity of such a lie is shown in the celibacy of certain of the clergy. If sex indulgence were necessary for the preservation of health, then we would expect celibates to be the most unhealthy individuals in the world, and yet the very opposite is true, and they are, on the whole, a longer-lived set of men than are doctors themselves, even though their exposure to common disease, in the course of their parish duties, renders their chance of infection about as great as that of the physician.

Third, there is the other ages-old sex lie, that emissions are dangerous, that they lead to debility, lost manhood and insanity. It needs to be equally combated in our campaign of education, because through its propagation many a youth has been led into promiscuous life.

Organizations such as this should promulgate widespread teaching that emission at intervals of a fortnight or longer are absolutely consistent with the natural development of the sex life, and perhaps necessary to ensure development of the organs of generation. Physiologically, it is a perfectly natural way of unloading the glandular organs, preparing, in Nature's way, for propagating the race. It is a natural process and to be expected. The thing to be taught is that these emissions may be stimulated artificially, by faulty habits, faulty methods of dress, lewd thoughts and conversation. The high-minded boy or girl with clean thoughts, and leading a normal, active life, is almost certain to have these sex feelings

aroused, and even partly gratified, chiefly in the way of dreams, with a certain amount of regularity. There is a periodicity about them corresponding with Nature's method of preparing and filling up the glandular containers with the generative fluids.

The fourth is that worst of all sex lies invented to cover up immorality on the part of the male sex, namely, that there should be a double standard of morals. Probably this lie was invented to exonerate the weak and impure man who so often comes to the marriage bed after having fallen times without number, and expects to meet there a virgin mate; and if, perchance, he meets a nature, virile and knowing, because of Nature's own education, he is the sort certain to accuse, and feel that he has married one who has shared some of his own excesses.

Only when you have come to insist that what is fair and just for the male is fair and just for the female, only when you have taught boys and young men that it is just as essential that they preserve their own bodies pure and clean for the higher duties of life after marriage, will we be able to offset this sex lie and preserve our youth clean and pure for the higher duty, that of procreation.

Just as we impress the minds of boys and girls that the sexual relation is a high and holy function, provided by Nature, not for dissipation, but for continuing the race, will we do our part in offsetting male sexual dissipation and impress upon the public proper knowledge of sex needs.

I am radical enough to believe that intelligent parents should, as rapidly as possible, be taught the kind of knowledge that they might presentably pass on to their children, and to believe that the parents who are not themselves sufficiently intelligent to pass along this education may be urged to have their pastors or their family doctor give this instruction to their children. In the event that parents elect to have someone else do it, then the constituted public officer of the health department should provide them with teachers competent and able to do this work if parents elect to have it done in this way.

I do not believe that it is ever wise to undertake the teaching of sex knowledge through the public schools, either in mixed classes or with the sexes separately, further than to teach them some elementary knowledge of biology along the line of fertilization of plants and lower animals. There is abundant reason why boys and girls of seven, eight, ten and twelve, and older, should get from their own parents, their family doctor or pastor, or from some trained, high-minded individual, a sound, rational sex knowledge, instead of that vile knowledge now acquired in secret or in the most scandalous way.

The time has already arrived, and in many States is already being practiced, for its educational value and for the purpose of protecting future progeny, that at the marriage license bureau the constituted officials shall, under oath, exact certain information from both applicants for the license as to their freedom from transmissible diseases. The fact that bride and groom must both seriously answer these questions has a de-

while s

cided educational value, and leads each contracting party who may have suffered from venereal disease at some time to satisfy themselves that they now have no disease which might be transmitted to offspring. It leads them to the doctor who may have treated them, or to their present attending physician for medical opinion. With the enlarged facilities for provincial laboratory work, the possibility of existing infecton may be determined if desired. This educational work should be greatly extended.

I am radical enough, however, to extent a somewhat new line of educational work at this stage of the life of every man and woman. It seems to me that this Council might well consider having circulars drafted, couched in dignified, non-offensive language, covering some of the essential things that every bride and groom ought to know. Such circulars should be drafted in a way that would meet with the approval of the clergy of the various creeds and religions, and, if appropriately prepared, might do much to offset the unhappiness and disappointment occurring early in married life. They might do a great deal to make the early months and years of the bride happier, and might do much toward having the new husband enter into the married relation with a higher and holier view of the sex relation. Such literature should aim to make both contracting parties look upon sexual intercourse, as the word actually means, as a true communion of the bodies of the man and wife: an essential act for the beginning of a new life, and not an act to be indulged in promiscuously, selfishly or lustfully, as is so commonly reported to the pastor, the lawyer or the doctor consulted where the married relation has been a keen, grievous disappointment.

If, when the applicant appeared at the marriage license bureau, he were required to certify as to freedom from transmissible diseases; and if, in a dignified way, any questions that were put by him were answered by telling him that certain laboratory tests were now available and without cost, and that he might assure himself, before taking this step, that he was probably permanently cured, no young man would likely take offence. In a comparatively short time better educated and more intelligent men would begin checking up with scientific tests before asking a young lady for her hand.

If a circular, such as has been suggested, were handed him, in which it was suggested that, before marriage, any young man could, with advantage, speak confidentially to a high-minded physician, to an intelligent and sympathetic minister, to a conscientious and wise friend or relative; that he could safely and with advantage take counsel with such individuals concerning his duty toward his wife, and learn how he could best care for her health and strength; and that he could safely seek from such individual the knowledge a man ought to have about his wife, certainly such printed matter would be gratefully received.

Starting with such an elementary suggestion, the circular for the man might well lead on to an explanation that the future happiness or unhappiness of the married relation depends very largely upon the delicacy

and patient kindness with which the husband conducts himself towards his bride in the first few weeks of married life. It might be set out as advisable that honeymoons, if undertaken at all, should be very short; that, as quickly as possible, the married life should be started in the home, and that it is very important and better for the new life adjustment that the normal occupation should be taken up soon after marriage. Such a circular should be worded so as to make the young man realize that few brides contemplated fully what was expected of them, that the yielding to the natural desires of the man is often considerable of a nervous shock and somewhat repulsive, and that certainly excesses are repulsive. The circular should encourage the groom to feel that continuous affection and kindness, that patient and wise guidance, will bring about a right attitude of kind and natural relations.

The circular should inform him of the essential anatomy of the sex organs of the bride and of the natural presence or absence of certain anatomical structures, making beginning of the sex relations easy or difficult, painful or without great distress, that this structure is often normally absent. Such a circular could point out to the groom the wisdom of practicing reasonable restraint, and, where animal spirits are highly developed in the two contracting parties, of the wisdom of considerable restraint on the part of each from the very earliest days of consummation of the marriage, and such literature could point out the wisdom and desirability of complete restraint after conception has occurred.

Are you not willing to agree that similar information might be put in a circular for the young woman who is about to marry this applicant? That she should be advised to consult with her mother or some wise and trustworthy woman, and that such woman should be asked to give her, in confidence, that knowledge which every young woman should have about a man.

The circular to the bride in dealing with this delicate question should lead her to believe that the essential sex relation is wholesome, natural and clean—the Providential plan for bringing a family into life and for holding husband and wife in their proper affectional relations; that the sex relations between husband and wife is "a repeated symbol and sacrament of their intimate union."

In such literature it should undoubtedly be pointed out, in the strongest and plainest English, "that wilful avoidance of child-bearing for selfish or prudential motives is one of the worst crimes of the age, meriting just condemnation of high-minded men and women everywhere, and that such a crime is treason to society, treason to humanity."

It was my thought, when first asked to address this meeting, that I might have an opportunity to draft—at least in a rough way—a tentative wording for two circulars along the lines suggested, and that, if this Council approved of the general plan, it might be retouched and couched in terms of more elegant English than I am able to command, and arranged for approval of the clergy. Stress of work has not permitted

planning even this tentative draft; hence the present communication, in which thoughts and considerable phraseology have been taken from pamphlets 2 and 24 published by the Oregon Social Hygiene Society and publication 52 of the American Social Hygiene Association.

The first municipal committee of the Canadian National Council for Combating Venereal Diseases was organized in Toronto on March 24th, with the following officers: Patron, His Worship Mayor Church; honorary president, Mr. Justice Hodgins; president, Dr. F. W. Marlow; vice-presidents, Mr. A. E. S. Smythe, Dr. C. J. O. Hastings, Mrs. L. A. Hamilton, Rev. L. Minehan and Mr. C. F. Paul; honorary treasurer, Dr. Albert H. Abbott; secretary, Dr. H. C. Cruikshank; members of the executive, Mrs. Sidney Small, Mrs. A. D. Fisher, Dr. R. R. McClenahan, Dr. Gordon Bates, Miss F. E. Brown, Major Fred Smith and Miss Pearce.

Mr. Justice Roddell, the National president, presiding at the meeting of this the first municipal committee to be organized in Canada, called attention to the seriousness of the venereal disease problem, and asked the co-operation of all Toronto citizens in the work of the National Council in Toronto.

The formation of the Toronto committee was co-incident with the showing of "The end of the Road," a remarkable film-drama which is being shown throughout Canada under the auspices of the Canadian National Council for Combating Venereal Diseases. During five days' showing of this film in Toronto, about 17,000 people attended meetings staged by the National Council at which the film was shown. National Council speakers appeared at each meeting and gave short addresses of an educational character, in the course of which the opportunity was taken of briefly outlining the general scheme in which the Dominion and Provincial Governments are combining to deal with the venereal disease problem in Canada. The first result of this propaganda work has been an increase in the number of venereally-infected persons applying for treatment, both to private physicians and to clinics.

The National Council will first undertake to do general educational work of this type in order that people generally may become aware of the seriousness of venereal diseases as a public health problem, and in order to help render the Government treatment schemes in various parts of the country effective. With this end in view, it has been felt that as many persons as possible should become actual members of the organization. A two-dollar membership fee has therefore been established, and local committees are being formed in many cities throughout the country. Members of these committees will be kept supplied with up-to-date literature on the subject, and will be expected to do their part locally in the fight against venereal diseases.

It should be understood that the work of the Canadian National Council for Combating Venereal Diseases is not only propaganda. It is

felt by the National Council executive that, as regards this particular problem, their first duty is to inform the public as to existing conditions. This must have the effect of helping in the success of the various treatment schemes being undertaken by provincial health departments. The broader educational and social aspects of venereal diseases will be dealt with as the National Council is put on a better organized basis, and when a sufficient headquarters staff has been secured.

In Memoriam

In the death of Matron Margaret Heggie Smith, R.R.C. and Bar, of Ottawa, which occurred at Atlantic City on May 12th, there passed away one of the most distinguished of Canadian nurses. Miss Smith, a graduate of the Blockley Hospital, Philadelphia, began her army career in 1900, when she was one of the Nursing Sisters selected for service with the Canadian Forces in South Africa. On her return from that campaign she resumed the private practice of her profession.

At the outbreak of the Great War, by virtue of her previous excellent services, Miss Smith was one of the first nurses to receive an appointment as Nursing Sister with the Canadian Expeditionary Force. With the First Contingent she embarked for Overseas in September, 1914, and did not again see Canada until October, 1919. During the interval Miss Smith served with distinction in France and in England, in 1915 being promoted to Matron. In 1916 she became Matron of the Ontario Military Hospital, the largest of the Overseas Canadian hospitals. Early in 1917 the work of Matron Smith received recognition in the form of the Royal Red Cross; she subsequently received from the Secretary of State for War a "Mention" for valuable services. For continuous and conspicuously meritorious service, Matron Smith, in 1919, was awarded that very limited distinction of a bar to the Royal Red Cross.

But years of steady and strenuous duty had its undermining effect, and it was in somewhat impaired health that Matron Smith returned to Canada. After some months' treatment, she had seemingly recovered her health; and it was whilst in the enjoyment of a well-merited holiday, with friends, at Atlantic City, that, without warning, she was elected to join those "Whom God has called to His mysterious rest."

The memory of the best of Matrons will ever remain enshrined in the loving remembrance of her associates of the Overseas Military Forces of Canada.

One never speaks of himself but at a loss.—MONTAIGNE.

Life is too short to brood over the unpleasant things.

Every moment of worry weakens the soul for its daily combat.

The Dietitian and the Institutional Manager

By Doris Alden Daniels, A.B.

(Recently Instructor in Dietetics for U. S. Navy Hospitals)

There is at the present time considerable misunderstanding concerning the status of the dietitian. The term has been used to include institutional manager, special cooks, nurses assigned to diet-kitchen duty, and matrons, none of whom could properly claim the title. Since the confusion arises chiefly between the terms "dietitian" and "institutional manager," it may be well to consider just what the differences are between the two, and what ought to be demanded of each in the way of training and professional duties.

First, as to the types of institutions employing such persons, it may be said that the number now includes chiefly hospitals, asylums, orphanages, schools, colleges, and hotels. The larger the institution, the greater the need for both dietitian and institutional manager. A small group of persons usually needs only the services of the institutional manager, and her general knowledge of administration and supervision; but whenever we deal with individuals having some pathological condition, or with experimental food work requiring the gathering of scientific data, it is the detailed knowledge of the dietitian that counts.

For the true dietitian is a food specialist. She is a college-trained woman with at least a fair understanding of administrative problems, but a very special knowledge of food. The institutional manager is almost the opposite, that is, she is one who thoroughly understands the running of what may be considered a big house. She knows enough of the work of the several departments to minister to their needs and to co-ordinate their activities; but her knowledge of food is only general. This important distinction between the two implies very different backgrounds of training and experience.

The Training of the Dietitian

What should the training of the dietitian be? To begin with, four years or more of college work. In the past, because of the scarcity of specialized workers in this field, and the difficulty of arriving at a definite conclusion regarding a standard for the work, the tendency has been to accept as dietitians many women who were graduates of normal or technical schools, or those who could show some institutional experience. That this has hindered the development of the profession cannot be denied, though some few, by sheer native ability and personality, have succeeded in the field without a college education. They, however, must be regarded as exceptions.

In her college career, the would-be dietitian should take her major courses in science. Chemistry is the foundation upon which she must build. Without it, or with but a meagre understanding of its laws and

their application, she cannot hope to progress far. The study of inorganic, organic, quantitative, and physical chemistry pave the way for food analysis and physiological chemistry, and it is these last two especially that will find daily use when the dietitian begins the practice of her profession. Besides chemistry, the course of study should include physiology, biology, physics, dietetics, cookery (both experimental and quantity cookery), and as much bacteriology, preventive medicine, hygiene, sanitation and allied subjects as time permits.

Outside of science, it is well for the dietitian to have a good working knowledge of economics, sociology, and such commercial practice as simple accounting and business law, for her work may have to include purchasing of supplies and management of labor, especially in small hospitals.

After graduation from college and, if possible, a year of research work,* the dietitian needs at least four months of experience in some institution, preferably a hospital, large enough to possess a metabolism ward. This should be considered her interneship, and her time should be devoted not to the routine work of the diet-kitchen (two or three weeks will suffice to acquaint her with this), but to a study of the methods used in the dietetic treatment of disease, the interpretation of laboratory findings, and practice in such food preparation and calculations as are essential in the feeding of the sick or of infants.

During this period she should be "acclimating" herself, that is, she should be observing the customs and practices of an institution, adjusting herself to its atmosphere, and learning how to handle its problems. Finally, she must be absorbing professional ethics, so that, at the end of her interne period, when she is ready to accept a position, she can fit into it without friction, and can give full co-operation to her fellow workers.

The Status of the Dietitian

At present, one of the most difficult and delicate questions that will arise is that of the dietitian's exact position in a hospital or other institution. To whom is she responsible? One of the best answers to this question comes from the *Mess Officers' Manual*, prepared by "Several Officers of the Division of Food and Nutrition of the Medical Department of the United States Army," and published very recently (1919, Lea & Febiger, Phila.). On page 168 there is a charted scheme of mess organization, which shows the dietitian to be responsible to the commanding officer and the mess officer. To quote (p. 171), "It is her duty to prepare menus for all patients in the hospital. She is to see that the food is properly prepared and served. She should see that the menus are served as written.

"She should be present in the kitchen during the preparation of meals. However, during the service, she should divide her time between the wards and the mess-hall in such a way that she may know whether the food is being properly served throughout the hospital. She, or her

assistant, is responsible for the issuing of food to the wards. She should also report to the commanding officer defects of service found in the wards, that these may be corrected through the proper channel. Defects of preparation or service found in the mess-hall or kitchen should be reported to the mess officer.

"She is directly responsible for the preparation of special diets and for special items or modification of the three listed diets. She should, however, be supplied with sufficient help to relieve her from all the details of preparation of these items. It is her duty to advise with the heads of the services, ward surgeons or nurses as may be necessary to insure the patients getting food that is adapted to their needs, while at the same time the kitchen may be relieved of preparing unnecessary specials."

In a private or civil hospital it should be easy to define the dietitian's status. She ought to be responsible to the physicians in charge. It is a serious mistake to consider her under the supervision of a head nurse, matron, or superintendent, for it frequently hampers her work, limits its scope, and gives rise to misunderstandings, jealousies, and friction. It goes without saying that she should at all times give the head nurse her hearty support. The dietitian must not forget for a moment that she is, by her own conduct, as well as her training and ability, helping to mold the standard of her profession—a profession which has come to stay, but which has yet to receive its rightful recognition from the medical world.

The Duties of the Dietitian

While it is true that the type of institution guides to a considerable extent the nature of the dietitian's duties, yet it is possible to enumerate the more important ones. In a hospital, these duties include (a) the instruction of pupil dietitians and nurses; (b) supervision of the diet-kitchen and all menus; (c) calculation and supervision of all special diets (diabetes, nephritis, etc.), with ward visits for the purpose of receiving instruction from the physician; (d) reading charts and laboratory reports, and (e) the obtaining of first-hand information from the patient with regard to his food. The dietitian should be provided with a separate office, as much of her work has to do with tabulating, summarizing, and making calculations. She should be provided with periodicals relating to her work, especially those having to do with research material.

The Institutional Manager

There has recently appeared in the East the term "administrative dietitian," meaning, apparently, a dietitian who adds to her duties those of an administrator. There seems to be no good reason for making this further confusion in the nomenclature employed in the field of nutrition. Why not continue to use the term "institutional manager," one who, in reality, keeps house on a large scale?

While it might be highly desirable to employ as institutional manager a woman of college training, it is not nearly so necessary as in the case of the dietitian, for the former does not need the science background

of the latter. She needs rather the executive ability and experience that a successful housewife acquires in running her home. In fact, here is an occupation well suited to the middle-aged woman who has managed a house and servants, brought up a family, and kept the household accounts.

She is many-sided. She needs to know how to buy and store supplies, keep an inventory, select furnishings, care for the linen, supervise repairs and renovations. She is responsible for the general order and cleanliness of the institution, and its upkeep. One of her biggest problems will be the hiring and management of labor. The institutional manager must command the respect of those she employs, and must be the arbiter of their differences.

She is not a cook, but understands how food should be bought, prepared, and served in large quantities. She must watch the institution dining-room with the same care and pride that she would exercise in her own home. It would be well, of course, for her to have a sufficient knowledge of dietetics to enable her to plan well-balanced meals, but it is seldom necessary that she should be able to calculate protein, fat, and carbohydrate in terms of grams or calories.

The Choice of Dietitian or Institutional Manager

The question that naturally arises is this: When is a dietitian necessary, and when should an institutional manager be employed? The answer comes from the above outline of the training and duties of each. Every hospital that treats those diseases calling for dietetic treatment needs a dietitian, and, unless it is a very small hospital, the dietitian should not be expected to add to her own duties those of an institutional manager. Every public or charitable institution where large numbers are fed, and experimental data on food secured, or where there is much artificial infant-feeding done, needs a dietitian. Otherwise it is an institutional manager who should be employed.

The dietitian is a highly-trained food specialist, who should be used as such; and the institutional manager is a capable housekeeper, with a family so large that it requires all her experience, resourcefulness, common sense and tact to keep its members satisfied.

—*The Pacific Coast Journal of Nursing.*

'Twas but the lifting of the cross,
Laid at my feet;
Only the letting go my will,
My Lord to meet;
But weakly things they seem—and all
By sin defiled—
Yet on the gift of will and heart
The great God smiled.

—*Selected.*

Convention of G.N.A. of Ontario

The seventeenth annual convention of the Graduate Nurses' Association of Ontario was held in the Collegiate Institute, Ottawa, on April 8th, 9th and 10th, 1920.

The meeting was opened by the reading of the prayer of the association by the president, and singing of the National Anthem. The address of welcome was given by His Worship Mayor Fisher, in which a most cordial welcome was extended to the association. This was most graciously replied to by Miss Jamieson.

The president, in her address, proudly referred to the overseas records of our brave Canadian nurses; also to the nurses at home, for the spirit of unselfishness shown during the recent epidemic. To quote the closing remarks of the president's address: "As members of the nursing profession, we have a great heritage. May we never allow the commercial spirit to supplant the spirit of service which enobles the ideals of our profession."

Miss Matheson moved that the minutes of the last annual meeting be accepted as read, as they were published in the *Canadian Nurse*.

Carried.

The secretary-treasurer's reports were read and adopted.

The following chapter reports were presented by:

Ottawa—Mrs. Ballantyne.

Kingston—Miss Lovick.

Toronto—Miss Cook.

Hamilton—Miss Hanna.

Owen Sound—Miss Fallis.

Peterboro—Miss Foy (for Miss E. Simons).

Report of annual convention of Canadian National Association of Trained Nurses was read by Miss Matheson.

Reports of committees were as follows:

Nominating—Miss Fairley (for Mrs. Campbell), convener.

Public Health—Miss Jamieson (for Miss Dyke), convener.

Canadian Nurse—Miss McElroy.

Legislative—Miss Dickson.

Reports of delegates from affiliated societies were presented by the following:

Victoria Hospital, London—Mrs. A. C. Joseph.

Kingston General Hospital—Miss C. Milton.

Hospital for Sick Children, Toronto—Miss Haimes.

Toronto General Hospital—Mrs. Moore.

Riverdale Hospital, Toronto—Miss Gastrell.

General Hospital, Ottawa—Miss I. McElroy.

Hotel Dieu, Windsor—Mrs. Campeau.

Western Hospital, Toronto—Miss M. Butchart.

St. Catharine's General and Marine Hospital—Miss Burnett.

Kitchener and Waterloo Graduate Nurses' Association, Kitchener—Mrs. Bilger.

Kitchener and Waterloo Hospital, Kitchener—Miss De Bus.

Brantford General Hospital—Miss Forde.

Florence Nightingale, Toronto—Miss Kinder.

Women's College Hospital, Toronto—Miss Ament.

Florence Nightingale Association, Ottawa—Miss Catton.

Hospital for Incurables, Toronto—Miss Cook.

St. Michael's Hospital, Toronto—Miss Foy.

St. Joseph's Hospital, Hamilton—Miss Brotman.

Owen Sound General Hospital—Miss Stewart.

Orillia General Hospital—Miss Johnson.

St. Joseph's Hospital, Chatham—Mrs. Deroucher.

St. Luke's Hospital, Ottawa—Mrs. Harris.

Lady Stanley Institute—Miss MacGibbon.

Only twelve affiliated societies were not represented at the annual meeting.

The reports read were all very interesting and showed great activities in all the local societies. This is most encouraging, as the success of the provincial association depends entirely on the activity and interest of the affiliated associations.

Miss Jamieson read a brief report from the secretary of the National Nursing Service Committee, and explained that the committee would report in detail at the National Convention in Fort William in July.

A Committee on Resolutions was appointed—Miss Forde, Brantford; Miss Derocher, Chatham, and Miss Butchart, Toronto.

At this juncture the meeting adjourned to partake of luncheon at the Chateau Laurier, where the nurses were guests of the city fathers, Mayor Fisher and Mrs. Fisher being present.

The afternoon session resumed at 2 o'clock.

The first paper read was a detailed report prepared by a Committee on Provincial Nursing Service, appointed to co-operate and assist the Ontario Branch of the Canadian Red Cross and draw up a health programme for Ontario.

Following this, Matron Rayside read a paper on "Provincial Red Cross Nursing Progress." Discussion of this paper was led by Miss Bickle, secretary of Ontario Branch of the Canadian Red Cross Society.

"Some Aspects of War Nursing" was the subject of an eloquent address delivered with much grace and feeling by Miss M. C. McDonald, R.R.C., matron-in-chief.

Miss Matheson, of Toronto, then conducted a round-table discussion on the need for post-graduate courses given in Ontario hospitals. A resolution from the Kitchener Graduate Nurses' Association was read, urging that the Ontario Graduate Nurses' Association do what they can to have the large hospitals open their doors to nurses of smaller hospitals for post-graduate work, so that they will not of necessity go to other countries for this work. This discussion brought forth a motion, made by Miss Maxwell and seconded by Miss Cook, that all hospitals in Ontario, with 200 beds and over, be asked to consider giving post-graduate courses.—Carried.

A resolution was brought in that the members of the G.N.A.O. ask the Canadian National Association of Trained Nurses and Canadian Association of Nurse Education to consider and outline a plan of post-graduate courses in Canadian hospitals.

After this discussion, the afternoon session came to a close with the reading of the report of the Nominating Committee.

The following directors were elected, to serve for three years: Miss B. Ellis and Miss E. Cook, Toronto; Miss Nash, London; Miss Forgie, Guelph; Miss Lovick, Kingston; Miss Davidson, Peterboro; Miss McLean, Ottawa.

A delightful tea was served at Murphy-Gamble's by the Alumnae Association of the Ottawa General Hospital, which was much enjoyed.

The evening session was an open meeting and largely attended. Lieut.-Col. J. W. Margeson, of the G.W.V.A., presided.

Variety characterized the topics dealt with by the three principal speakers.

Mrs. J. A. Wilson, president of the Local Council of Women, spoke on "Some Phases of Women's Work."

Dr. G. M. Geldert gave a very learned disquisition on the advisability and use of anaesthetics in certain critical conditions of child birth, an address which was followed with very close attention and loudly applauded at the end.

Mr. S. J. McLean, L.L.B., a member of the Railway Commission of Canada, dealt in his address with some problems of exchange.

Meeting adjourned.

The Friday morning session convened at 9.30.

Interesting and instructive papers were read by:

Miss Fairley, of Hamilton—"The Value of Affiliation Between Universities and Training Schools for Nurses."

Mrs. Duncan McPherson gave an interesting account of the work carried on by the Ottawa Women's Canadian Club.

Dr. Courtenay's address was an extremely interesting one, and the doctor delighted the ladies with his racy account of the difficulties he had to encounter and the obstacles which were placed in his way when it was proposed to establish the first special service hospital at Westcliff for the treatment of eye, ear, nose and throat cases in the Canadian Army.

Mrs. J. C. Hanington, superintendent of the Victorian Order of Nurses in Canada, gave the history of the Victorian Order in Ontario. She dealt with some of the criticisms that have been levelled against the Victorian Order of Nurses, but claimed they were strictly adhering to the task originally assigned.

At this morning's session a committee was formed, with Miss Ellis, of Toronto, as convener, to continue work for West China University, which has been so successfully started in Ontario, by a motion, made by Mrs. Derocher and seconded by Miss Lovick, giving power to the convener to add to her committee.—Carried.

For luncheon, the members of the association were guests of the Lady Stanley Institute and St. Luke's Hospital Alumnae Association at the Russell Hotel.

The afternoon session was opened by nominating of officers for the Canadian National Association of Trained Nurses, as follows:

President—Miss E. MacPherson Dickson, Weston, Ont.; Miss E. Johns, Vancouver, B. C.

First Vice-President—Miss Jean Gunn, Toronto; Miss E. Dyke, Toronto.

Councillors—Miss M. I. Foy, Miss F. Potts, Miss K. Matheson, Miss E. Flaws, Toronto; Miss Mary A. Catton, Ottawa.

Following this, Miss Jean Browne, Director of School Hygiene, Saskatchewan, delivered a very able address on some present-day problems in the nursing profession, in which she called for a high educational standard, in addition to special training, for those proposing to take up nursing as a profession.

This address was followed by a report on registration, presented, on behalf of the executive, by Miss E. MacPherson Dickson, superintendent of the Toronto Free Hospital for Consumptives, in which she was able to state that, after fifteen years' persistent effort, they have secured a promise from the Ontario Government that regulations for registration of nurses in Ontario shall be established, and they will probably come into effect about June 1st. In recognition of the personal efforts of Miss Dickson in this connection during all those years, a standing vote of thanks was heartily accorded, on a motion made by Mrs. Joseph and seconded by Miss Catton.

At the close of this session, motors met the nurses at the Collegiate Hall. All enjoyed such a refreshing drive around the Capital City, as guests of the Ottawa Motor League, before assembling at the Chateau to partake of five o'clock tea as guests of the Ottawa Medical Association.

The second evening meeting was also an open one, and was largely attended.

Principal A. H. McDougall, of the Collegiate Institute, occupied the chair, and the first speaker was Mr. Donald Heins, who dealt with the value of teaching music in the schools. At the close of his address Prof. Heins introduced fourteen of his violin pupils from the public schools, each of whom was the highest in their class for violin playing in the recent school examinations. Boys and girls were equally represented in numbers, but there was considerable variation in size, from small to big, in both sexes.

Professor Heins demonstrated his method of instruction and violin drill, and then several pieces were splendidly rendered by the impromptu orchestra, to the professor's accompaniment on the piano. Loud applause indicated the appreciation of the audience of this diversion in the proceedings of the convention.

"The History of Electricity as a Therapeutic Agent" was the subject of an able address by Dr. R. Chevrier, who claimed that electricity was the most important of all discoveries. He reviewed its history, and said that the Roentgen rays dated a new era in the history of electric therapeutics. Radiography opens an enormous field in the work of diagnosis, and had recently been extended to some diseases of the heart and brain. It is indispensable for the location of foreign bodies, and they still entertain the hope that electric therapeutics may be effective in eliminating the desolating scourge of cancer.

This seemed an appropriate time to show appreciation to Miss Catton for her untiring efforts in arranging such a splendid convention programme. As Miss Stewart, of Owen Sound, presented Miss Catton with a lovely rose bouquet, Miss Butchart expressed the thanks of the association to Miss Catton and her committee. Miss Catton, in her reply, paid special tribute to her committee, and said it was due to their loyal support that the convention had been such a success.

Mrs. Adam Shortt was the last speaker of the evening, her theme being "Women's Platform."

The last session convened Saturday, April 10th, at 9 p.m.

The officers chosen by the Board of Directors at the meeting held the evening before were announced: Miss E. J. Jamieson, Toronto, re-elected as president; Miss M. Catton, Ottawa, first vice-president; Mrs. Joseph, second vice-president; Miss M. I. Foy, Toronto, re-elected secretary-treasurer.

This announcement was met with very hearty applause by the members of the association.

Miss Catton is to represent the G.N.A.O. at the annual meeting of the Canadian National Association of Trained Nurses, to be held in July of this year in Fort William.

Mrs. Hanington's paper and Miss Browne's paper, read the day previous, were intelligently discussed.

An invitation from the Hamilton Chapter for the next annual meeting to be held in Hamilton was read and cordially received.

The Resolutions Committee submitted in well-chosen words their resolution of thanks to the mayor and city fathers, and to those who entertained us so delightfully; to the ladies and gentlemen giving papers and addresses, which helped so much to make our meeting a success; to the retiring officers, for services given to our association; to members of committees, for reports which presented such a vast amount of work; to the press, for the splendid reports given of our meetings; to the Boy Scouts, for the kind services rendered to us at the station; and to the gentlemen presiding at our meetings.

After a few words of appreciation from Miss Jamieson for the support of the association during the year, and the expression of her delight with the great success of this convention, the meeting adjourned.

A VENTURE IN INTERNATIONAL FRIENDSHIP

The outcome of the work of the Society of Friends in France during the war is that a permanent maternity hospital is to be established at a cost of 1,000,000 francs. The Friends' Unit of the American Red Cross are financially responsible, and English Quakers are also participating in the work.

Two American and two English nurses will share the work, which has been described as "a venture in international friendship."

The Canadian National Institute for the Blind reports activities for the establishment of sight-saving classes in Toronto. The committee appointed to take the matter in hand has made a survey of all the school children in that city, and finds that 412 are suffering from such eye trouble as to require the equipment and care provided by conservation of vision classes.

Bulletin No. 1 of the Special Committee on Work for the Blind in China estimates the number of blind in that country at *one million!* The Bulletin urges the necessity for preventive work. A vigorous campaign will be conducted as to the causes of blindness, treatment of diseases of the eye and the necessity for cleanliness.

The Junior Red Cross has likewise perfected plans to co-operate with the Council of Public Health in a campaign to save thousands of Chinese children from a life of darkness.

Coming Conventions, Fort William and Port Arthur, Ont., July 5-10

The Canadian Association of Nursing Education and the Canadian National Association of Trained Nurses will meet in the twin cities of Fort William and Port Arthur from July 5th to 10th, inclusive. Those intending to be present are advised by the Committee on Arrangements to make hotel reservations as early as possible. Please apply to Mrs. Stuart Langille, 409 Grain Exchange, Fort William, Ont., or to the hotels, directly.

TENTATIVE AGENDA

1. *Reports of Officers*:
   - (a) President's Address;
   - (b) Report of the Secretary;
   - (c) Report of the Treasurer;
   - (d) Report of the Editor of the *Canadian Nurse;*
   - (e) Correspondence.

2. *Reports from the Conveners of the following Standing Committees*:
   - (a) Membership;
   - (b) Publication;
   - (c) Arrangements;
   - (d) Programme;
   - (e) Nomination;
   - (f) Nursing Progress.

3. *Reports from the Conveners of Special Committees*:
   - (a) National Nursing Service;
   - (b) Legislation.

4. *Reports from delegates to other organizations and business arising from correspondence with other organizations*:
   - (a) Report of the delegate to the American Nurses' Association—Miss Jean Gunn, President C. N. A. T .N.
   - (b) Delegate to the Canadian Conference on Education—Miss Jean Browne, Regina, Sask.
   - (c) Delegate to the Annual Convention of the Y. W. C. A.—Miss Fairley, Hamilton, Ont.

     Suggested plan of co-operation between C.N.A.T.N. and Y.W.C.A. for purposes of education in health matters—Dr. Anne Young.
   - (d) Proposed affiliation with Social Service Council of Canada.

5. *Reports from all affiliated organizations.*

6. *Public Health Section*:

(a) Report from the Chairman of the Public Health Section;

(b) Discussion of general policy of same for the coming year;

(c) Discussion of plans for financing of section.

7. *General management and policy of the "Canadian Nurse" Magazine*, with special reference to various sections of parent organizations desiring special space privileges in magazine.

8. *Proposed Amendments to the Constitution*:

(a) At a meeting of the Board of Directors held in Toronto on April 8th, 1920, it was moved by Miss Jean Browne (Regina), seconded by Miss Mabel Hersey (Montreal), that the organization of the Canadian National Association of Trained Nurses be discussed at the annual meeting with a view to having it changed, so that only the Graduate Nurses' Association or the Registered Nurses' Associations of each Province shall be affiliated with the National Association; that local associations be affiliated with Provincial Associations instead of with the National Association as at present; that the minutes of the executive meetings be sent on by the provincial representatives of the executive to their respective Provincial Associations, and that the Provincial Associations in turn distribute copies of this material to all associations affiliated with it.

Miscellaneous subjects for discussion:

(a) *Executive Meetings*—That longer notice be given when these are to be held so as to allow of material being submitted for consideration. Mrs. K. Manson, Edmonton, Alta.

(b) That a paid Secretary be employed by the Canadian National Association of Trained Nurses, who shall assist in inter-provincial organizations, attend conventions on behalf of the association, etc.

(c) That the motion passed at the annual meeting in June, 1919, prohibiting nominations for officers from the floor at the annual meeting, be rescinded.

(d) That a Bureau of Information in connection with the C. N. A. T. N. be established, either under the auspices of the Red Cross Society or independently.

The following is an interim report of the Programme Committee:

MONDAY, JULY 5TH—ST. PAUL'S CHURCH, PORT ARTHUR

8.00 p.m.—Joint session with the Canadian Association of Nursing Education.

Addresses of welcome.

Response to addresses of welcome—Miss Mary Catton, lady superintendent Protestant General Hospital, Ottawa.

Address, "Florence Nightingale"—Mrs. Plumptre, president Ontario Red Cross Society, Toronto, Ont.

WEDNESDAY, JULY 7TH—HEINTZMAN HALL, FORT WILLIAM

10.00 a.m.—Reading of minutes of last annual meeting.

President's address.

Report of secretary.

Report of treasurer.

Reports of standing committees.

Reports of affiliated organizations.

2.00 p.m.—Report on *The Canadian Nurse*.

Business arising out of the minutes and various reports.

3.30 p.m.—Discussion regarding a bureau of information in connection with the C.N.A.

THURSDAY, JULY 8TH—HEINTZMAN HALL, FORT WILLIAM

MORNING SESSION

I. Registration.

II. Presentation of plan of organization of the Public Health Section. (Secretary of the C.N.A.T.N.)

III. Reports from provinces. (Have been promised by each province under the enclosed outline.)

IV. The Field of Public Health Nursing.

1. "The Visiting Nurse as a Health Teacher." Miss Mary Rodger, Manitoba.
2. "The Influence of Prenatal and Infant Welfare Nursing Upon the Death Rate." Miss Esther M. Beith, Toronto.
3. "The Nurse as Teacher of Health in the Schools." Miss Elizabeth Breeze, Vancouver, B. C.

AFTERNOON SESSION

4. "The Public Health Nurse and Tuberculosis Control." Miss Julia Stewart, Samaritan Club, Toronto.
5. "The Public Health Nurse and the Control of Acute Communicable Disease." M. O. H., Fort William.
6. "The Public Health Nurse and Venereal Disease Control."
7. "The Public Health Nurse and Mental Hygiene." Miss Merle Mitchell, Montreal, Que.
8. "The Public Health Nurse and Industrial Hygiene." Miss Muriel McKay, Provincial Hydro-Electric System, Ontario.

9. "The Hospital Social Service Nurse." Miss Mary Boswell, Social Service Department, Western Hospital, Montreal.

V. "The Public Health Nurse as an Organizer in the Rural Communities."

Mrs. Hanington, Superintendent of Nurses, V.O.N.

Miss Beryl Knox, Prov. Dept. of Public Health, Ontario.

Miss Anna E. Wells, Prov. Dept. of Health, Manitoba.

Miss Christine Smith, Prov. Dept. of Health, Alberta.

Miss Jean Browne, Dept. of Education, Saskatchewan.

8.00 p.m.—Public meeting. Speaker to be chosen.

FRIDAY, JULY 9TH—COLLEGIATE INSTITUTE, PORT ARTHUR

10.00 a.m.—"Impressions of the Student Volunteer Convention at Des Moines from a Nurse's Standpoint." Miss Ethel Gilroy, Winnipeg, Manitoba.

"The Private Duty Nurse." Miss J. B. Morrison, Winnipeg.

"A Laywoman's Viewpoint of the Private Duty Nurse." Mrs. McWilliams, Winnipeg, Manitoba.

"The Challenge of the Future." Miss Johns, Vancouver.

2.00 p.m.—Report of Committee on National Nursing Service.

"The Health Programme of the Canadian Red Cross Society" will be discussed by provinces: British Columbia, Miss Helen Randal; Alberta, Miss Christine Smith; Nova Scotia, Mrs. Bligh; Quebec, Miss Young; Saskatchewan, Miss Jean Urquhart; Manitoba, Miss Carruthers; Ontario, Miss Gunn.

SATURDAY, JULY 10TH—HEINTZMAN HALL, FORT WILLIAM

10.00 a.m.—Election of Officers.

"The Results of Registration Laws for Nurses." Discussions to be led by: Miss Victoria Winslow, Medicine Hat; Miss Martin, Winnipeg; Miss Wilson, Moose Jaw; Miss Young, Montreal; Mrs. Bligh, Halifax; Miss Helen Randal, Vancouver.

CHEESE FRITTERS

Mix two tablespoonsful of flour, yolk of one egg, and enough sweet milk to make batter. Add pinch of salt and pepper, two tablespoonsful of grated cheese, and beaten white of egg; beat well. Drop in small spoonsful into hot lard in skillet, and fry on both sides to a nice golden brown. Serve hot.

"The Canadian Nurse Magazine," from an Inside Viewpoint

A request has come to the editor, from several members of the nursing profession, that the owners and supporters of our magazine should be taken for a peep behind the screen, so that they might have the opportunity of knowing more intimately something of the "home life" of the little grey nurse adopted by them some few years ago.

It is with pleasure that the editor complies with this request. It may be that the young members of the profession would like to know something of the early days of their undertaking, so we shall commence with the day before the magazine was fully acquired by the association.

For nearly four years the nurses of Canada have owned this professional magazine; but prior to that time *The Canadian Nurse* was managed and published by a commercial publishing company, with the aid of an editorial board, composed of members of the Canadian National Association of Trained Nurses, who made themselves responsible for the subject matter of the magazine, but who had no practical jurisdiction over the publication other than the collecting and editing of material for so many pages allotted to them each month. As time went on the association grew in numbers, strength and ambition till the year 1916, when, by unanimous vote, it was decided that all rights of the magazine should be purchased from the publisher, and that the magazine should become the official organ of the nurses of Canada, to be owned, managed and supported by them. It was penniless, this waif that we adopted; not a cent in the magazine treasury, not a sheet of paper, not a stamp, not even a home for an office except in the editor's house. Faith in the credit of nurses, who asked a printing house to print the first issue without a cent in the treasury to pay for it, is the only explanation for its appearance under such unusual terms of agreement. For many months it was a gamble; but slowly and surely it has continued on its way, till now it is at least on its feet financially and owes no man anything.

Having found a house and a publisher, we found that, like all magazines, ours must consist of a definite number of pages each month. In this particular case it was decided that the number should be four, or a multiple of four. Just here it might be mentioned that for this reason it is sometimes found impossible, or at least too expensive, to print all the material that may come in for the current issue, since there may be too much for the space available and not sufficient to warrant the insertion of four extra pages. In such case only items of national importance or interest are used. It is thought by many that if the more personal items should appear in the magazine it would create a keener interest, as well as creating a link between home and distant places. This is, of course, for the nurses to decide as a body; and it is encouraging to the editor to find this spark of interest in the management, even if it does sometimes

come to her in the form of criticism rather than a suggestion. The value of the magazine to the nurses has always been, and will ever continue to be, just what the nurses are able, individually and as an association, to make it. It has been said of us that we are an inarticulate nation of women, and your editor has come to believe in the truth of the statement, and regrets that the splendid thoughts of the silent members of the nursing profession are not more frequently voiced. We own our magazine and are responsible for its existence, which can only be made worth while through the result of your effort to supply (1) original articles of interest to nurses, (2) reprints of the same material, (3) an advertisement, (4) a new subscription, (5) suggestions to the editor; and, having done one or all of these, read your own magazine, so that the efforts of others may not be in vain. The magazine is yours. Analyze it. Appraise it. And if, in your opinion, it is not good enough, let the editor know in what respects the next issue might be improved.

Having collected our material from sources above mentioned, the editor must make her selections and distribution of the material over the pages required for the issue. If the original copy received is in long hand, it must be typed. She must carefully edit the subject matter before it reaches the hands of the publisher. She must then send it from her office to that of the publisher by the 6th of each month. The magazine is first printed in galley form and is then sent to the editor, who makes corrections of errors overlooked by the printing house. The proof is then returned to the printer, who makes up a pattern magazine as it will appear when complete, and sends it to the editor for final approval. The magazine is then printed and bound ready for circulation. It is here that we meet our Waterloo. The type for address labels is set in what the printer calls a slug. The names are alphabetically arranged, and each month a revised list is supplied by the magazine office to the publishing house, and occasionally, through carelessness in shifting the slugs, some names may be misplaced; and while the list is checked, both by the printing house and in the office, mistakes do sometimes occur, neither office being infallible. Then, too, when these labels are being cut from the typed strips, a slip may occur also through inaccuracy of the machine or the operator, which, you can readily see, might partially destroy the name or the address of a subscriber. These accidents do not happen frequently, but it is quite possible that it should sometimes be the case. The magazine having been placed in its wrapper, the gummed label is then attached, and the addressed magazines must then be sorted into bundles and addressed to the towns or cities in which subscribers reside. The magazine is passed at the post office as second-class matter and postage is paid by the pound and is included in the monthly bill of the publisher.

When a subscription is received the name and address of the subscriber, as well as "expiry date," is recorded on two cards, one being filed in "monthly list" index box and the other in "alphabetical list" of subscribers' index box. The names and addresses must then be sent to

the publisher by the 8th of each month—this is the "mailing list." When a subscription expires, two months' grace is given so that the subscriber may have an uninterrupted service. In the meantime the subscription card is "red penciled," and at the termination of the two months' grace the name is deleted from the mailing list and both cards are placed in "expiry box," where they remain awaiting renewal. In case of renewal the cards are again used, with new date of subscription and expiry recorded, and the mailing list is marked up afresh. For example, if the subscriber is paid up to April, 1920, the list will show 4.20, and so on, according to the year to which the subscriber is paid up.

When change of address is reported, the cards must be immediately altered. It is in this respect that most of the errors in the mailing list occur, and usually through the subscriber not always using the same signature nor giving the old address. For example, "Mary Smith," of 13 Spruce Street, "Longpoint," may move to 23 Pine Street, "Fairview," from which address she writes and signs herself "M. Smith." The card index will not show anyone of that name or town address, and it is sometimes difficult to locate the subscriber. Again, Alumnae lists are sometimes sent in; the name of "Alice B. Fish" may appear, next year "Mrs. John Fish" may appear, and it will be quite obvious to you that the editor cannot by divination tell just "who's who." It may be "Alice" renewing, or it may be Alice's sister-in-law subscribing.

Then there is the receipt which must be sent to each subscriber. This receipt has on it a serial number, and it would simplify matters considerably if the numbers were given at times of complaint in case of non-receipt of the magazine.

And, finally, the advice of the editor is that each one should take the magazine as a family investment, and give the editor and editorial board the same consideration they would give one of their immediate family. Complaints should be made direct to the office, at first hand, and should also come in at once on the non-receipt of magazine, or whatever the complaint may be. Promptness in renewing, and, above all, the true feeling of the creator of anything that "It is a poor thing, but mine own," will help much.

The work of the editor is wearisome at times; the lack of the support, which should not be given by the few, but by all, makes it harder; but there is one feature that makes up for much that is hard, and that is the number of friends that are made all over the Dominion, and the kindness shown by so many of our nurses. The name Canadian Nurse, whether applied to our nurses overseas, abroad or at home, means much. Let us make the name of our magazine to mean as much to us all.

No creature smarts so little as a fool.—Pope.

The more one judges, the less one loves.—Balzac.

Editorial

Notices of the convention and the programme for it are found in another part of the magazine, and it is hoped that the efforts of the programme committee to provide not only an entertaining but an instructive week will be appreciated by the attendance of a large number of delegates and visitors. These are reminded by the convener on arrangements, Mrs. Stuart Langille, Room 409, Grain Exchange, Fort William, that accommodation should be reserved at as early a date as possible at the hotels in Fort William or Port Arthur, both of these cities sharing in the meetings and in accommodation for the delegates.

* * * *

All Canadian nurses will be pleased to welcome the *Nursing Journal of India,* which has resumed publication after an interval of nearly a year. It will show to our own nurses that a national official organ is appreciated among the nurses, and that a country cannot for long manage without such an organ. The new editor, Miss Mackenzie, of Lady Hardinge Hospital, Delhi, has the best wishes of this magazine for its success, and assures her that she is quite correct in her statement that much will depend on the interest shown by the subscribers in forwarding to her notes of personal news or professional interest for publication.

* * * *

It is with deep regret and a sense of the loss that the profession has sustained that the Editor notes the death of Miss Sophia Palmer, the first and only Editor that the *American Journal of Nursing* has ever had. Her work for that magazine was unending, and her interest in the professional press great. The Editor remembers with pleasure meeting Miss Palmer at the American National Association of Nurses in San Francisco in 1915, and with the deepest appreciation the letters of help and encouragement she has received from Miss Palmer during the four years since the C.N.A.T.N. took over the *Canadian Nurse* and made it the official organ. Women like Miss Palmer are hard to find, and their influence on the nursing world is indeed great.

* * * *

The first copy of the official magazine of the Victorian Order of Nurses, the *V. O. N.*, has reached this office. It is an attractive looking number, published by the Dadson-Merrill Press, Ltd., Ottawa, and the price of each issue is 25 cents. All good wishes go for the success of this venture; and from its appearance, with its many cuts, etc., the Editor concludes that they are starting under very much better financial circumstances than the official organ of the nurses. The difficulties and

expenses of conducting a professional magazine are well known to this office, and one can only hope that the *T. O. N.* will not have the vicissitudes of her older sister.

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The courtesy of the Farrand Training School for Nurses in connection with Harper Hospital, Detroit, in sending an invitation to the Editor to attend the graduation of the 1920 class, consisting of 54 members, is much appreciated.

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Editor's Note.—Correction. The author of "A Week Among the Hutterites," published in the January issue, should be printed Miss E. G. Muma, not Miss E. G. Munn. The Editor regrets the mistake.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

The last meeting of the season was held in the club-room on Tuesday evening, May 4th. After the usual business had been transacted Dr. Powell gave a very instructive lecture on "Social Hygiene."

There is great rejoicing among the nurses at the passing of the Registration Bill for the Province of Quebec.

On account of the high cost of living, the nurses have found it necessary to raise their fees. The fees for general nursing are to be thirty-five dollars per week, instead of twenty-five.

We regret to hear that Miss Jessie Robinson is suffering from an attack of scarlet fever.

We always weaken when we exaggerate.

News from The Medical World

By Elizabeth Robinson Scovil

Vivisection

A bill has been introduced into the House of Commons prohibiting the vivisection of dogs. Dr. Walter Elliot strongly opposed it on the ground that the restriction of experiments on dogs would fatally interfere with researches now being prosecuted into the cause and cure of certain forms of disease of the heart. There is no suffering of any kind to the animals, the explorations being performed under deep surgical anæsthesia from which the dogs do not recover.

Researches in Heart Disease

Great advances have been made. It is said that the fruit of researches of Dr. Thomas Lewis, of University College Hospital, London, bring the world to the brink of a complete revolution in medicine. Dr. Elliot said in his speech: "The heart beat starts by an impulse beginning at the top of the heart and passes down in a sort of current through the muscle. In heart disease the wires are faulty, the circuit is bad, and, instead of passing straight down through the heart, as it should do, the impulse is broken up and the heart goes into what is known as fibrillation. Each muscle begins twitching independently, and in some cases one single muscle impulse gets loose, so to speak, and comes round and round the heart." It is hoped by further experimentation to find a way to counteract this and set this useless palpitating heart beating strongly and regularly.

Insecticides

It is stated that such substances as coal oil, gasoline and benzine are very good for exterminating comparatively stationary parasites, as the louse and the bed bug. They act by covering the breathing pores of these insects, and so smother them. The oily substances are very useful in campaigns against mosquitoes, in which they are used to form a covering over ponds and stagnant water harboring mosquito larvae, thus smothering them, as the larvae and pupae cannot pierce the film with their breathing tubes.

Education and Health

It is becoming increasingly recognized that health is necessary to sound intellectual development, and that the rigid regulation of the hygiene of students is indispensable. There is a serious economic and academic loss year after year in schools, colleges and universities, due to lassitude, indisposition, illness and epidemics among the students, all more or less preventable.

Practical Obstetrics

The *Lancet* says the need of large, fully-equipped maternity centres for the reception of lying-in cases is a pressing need. Once the public learns that the present death rate and the present dangers of child birth are almost entirely preventable, they will not be content with the existing inadequate provision. The maternity centres will furnish opportunities of teaching under-graduates, midwives and post-graduates on a larger and better scale than exists at present.

Onset of Blindness

In a table given in a report of the British Committee on the Welfare of the Blind it is shown that 21.4 per cent. of the cases became blind in the first year of life, the majority of them within the first month. After the first year the occurrence is, roughly, 10 per cent. for each death up to 70 years.

Recovery from Tuberculosis

A health bulletin remarks that two factors more frequently than any other retard, or prevent, the recovery of persons who have tuberculosis. One is that in many cases the true nature of the disease is not recognized in the early stage, when it is much more easily cured than later. Another is that many persons refuse to believe that they have tuberculosis until the evidence is so plain that the diagnosis of the physician is unnecessary.

Biography of Dr. Osler

Lady Osler has asked Dr. Harvey Cushing, of the Peter Bent Brigham Hospital, Boston, to prepare a biography of her husband, Sir William Osler. Anyone possessing letters or copies of letters from him, or who can supply personal reminiscences, or know of the means of obtaining them, is requested to communicate with Dr. Cushing.

Medical Co-Education Opposed

A petition has been presented to the Provost and Dean of the Medical School of the University of Pennsylvania, by the students and professors, demanding the exclusion of women from the classrooms. It states that valuable parts of the courses have to be omitted lest they offend the sensibilities of the women students; and if women desire to study medicine, they should go to a women's medical college. The petition has been referred to the board of trustees.

The Care of the Eyes

To read or study when tired or drowsy strains the eyes to a dangerous degree. Avoid evening study. Artificial light should come from behind and to the left, never shine directly into the eyes. Electric light bulbs should be frosted. The indirect system of lighting is best for the eyes, the light being reflected from the ceiling and walls in a soft glow, the source being hidden by an opaque shield.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

Newfoundland

Child welfare, the special work that has been taken up by the Women's Patriotic Association since the war, has been greatly stimulated by the appointment of Miss Edith Haslam as social worker for the association. Trained in England, Miss Haslam engaged for several years in private nursing in England and the United States, and during the war worked under the Red Cross in Paris. Since then, till her appointment, she has been doing infant welfare work at a centre in London which she organized herself. Up to the present the community nurses, three in number, have been doing what they could; but the staff is quite inadequate for the need. Several infant welfare centres are planned by Miss Haslam to help along these lines.

Extracts from observations of a graduate nurse visiting the Department of Public Health, Toronto:

"Mr. Mills gave us a very helpful address preceding his explanation of the filing system. He said that up until a very short time ago very little constructive health work was done for the people of Toronto; that the public health work that had been done by the Health Department was confined to work in enforcing better water and milk supply, better housing and industrial conditions, better isolation and laboratory facilities.

Great progress has been made in bettering the industrial conditions. Great stress has been laid on the improving of dust exhaust systems, ventilation and lighting of factories so that the workingman's physical condition is not lowered, thus causing him to be inefficient. The public is awakening to the fact that they must not be content with having everything done for them, that they must be educated along lines that will teach them how to care for themselves. So much in earnest are the people that the appropriation of the Health Department has been increased in the past nine years from ninety thousand dollars ($90,000) to five hundred and twenty-five thousand dollars ($525,000) to carry on this great educational work. So firmly are the people of Toronto standing back of the Medical Health Officer, that the medical inspection of schools was transferred over to the Health Department from the Board of Education by public vote.

The public health nurse must be the teacher. Nurses are not educated to cope with public health problems during their training in the hospital. While there, they are taught only to do for others. They must anticipate every need of the doctor, and they do everything in their power for the patients.

When they leave the hospital and decide to do public health nursing, they must re-educate themselves. They must try to create the desire in the people to do healthy things. For instance, the nurse goes into a home and finds a case of tuberculosis. The windows are all closed, the bedding is unclean, and the home is cold and dirty. She cannot go into this home and tell the mother that she must keep the windows open and clean up her beds and house, then walk away. The mother will not co-operate, because she cannot.

But if the nurse calls in the proper social agency and gets plenty of fuel and bedding for this family, so that the windows may be opened without freezing the rest of the family, then the mother will appreciate the efforts that are being made to help her, and she will be ready to profit by an ocular education that the nurse may deem necessary in making the home more sanitary.

The public health nurse must take the initiative if we are to educate the people. To be sure, she is assisted indirectly by the publicity department of the Health Department in the following ways:

1. Articles on personal hygiene and sanitation are sent to the public press.

2. Bulletins are distributed through the school children.

3. Monthly reports are sent out to physicians, social agencies and public health stations in the various districts.

4. Public health books on communicable diseases are sent to the teachers of the city.

5. Books on tuberculosis are distributed through the various public health stations, hospitals, etc.

To be sure, many persons cannot read, some do not read, while others who do read the literature are not impressed.

The most effectual way to educate is by the direct method. This is done in two ways:

First—*Through the school*, by (a) classroom inspections, (b) league talks, (c) doctors' work, (d) dental work, (e) the nurses' practical work.

Second—*Children are natural imitators.* When a child is referred to the nurse for treatment, she must not give the treatment, but must explain why she does it in that way. If she does not, she has not discharged her duty faithfully, and half of the benefit of the lesson is lost. If a child can be taught to dress a minor wound properly for a little brother or sister, the nurse has succeeded in doing lasting constructive work. The child in turn will teach the mother, then the mother will be able to carry on. The mother has more to do with the habits and environment of the child than anyone else, consequently the nurse must reach the mother either directly or indirectly.

Doctors and dentists would make their work more effective by encouraging imitation."

Malnutrition is what the school doctors and nurses of Vancouver have made their greatest fight against during the past year. Whilst the war lasted it was almost impossible to help this condition, except by trying to recommend right ways of living for the children—fresh air, open windows when sleeping, proper clothing and pleasant home surroundings. Now that the war-time activities of the various societies are over, they are turning their attention to other fields of labor, and the children suffering from malnutrition are benefiting thereby.

Milk is supplied in two schools by the Sir Wilfred Grenfell Chapter of the I.O.D.E., and in other two schools by Parent Teacher Associations.

Others are falling into line, and it is hoped that when the schools re-open in September those with the longest list of malnutrition children will be supplied with milk. The children receive a half a pint of milk morning and afternoon.

Health and weight charts are carefully kept by the nurses, and usually show even in one week's time an upward curve.

A very hopeful sign among the mothers is the number of applications received that their children may join the milk brigade.

Dental Corps

It is proposed to have a dental corps in the British Army, to consist of 110 officers and 132 mechanics and orderlies. Sound teeth are of prime importance to the soldier, as they reduce the rate of invalidism and sickness.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

CHEMISTRY

Course for Nurses at Central Technical School, Toronto

Lecture Work

Matter—

Elementary and compound;
Classification of compounds;
Changes in matter;
Oxygen—oxidation and combustion;
Hydrogen—reduction;
Water—composition, purification by filtration, distillation and boiling;
Nitrogen—the atmosphere;
Ammonia—properties, uses and tests;
Hard and soft waters;
Temporary and permanent hardness;
Acids, bases and salts, and their nomenclature;
Valency;
Carbon and some of its compounds;
Carbon Dioxide and hydrocarbons;
Chloride—disinfectants and bleaching agents;
Elementary organic chemistry;
Specific Gravity—use of Hydrometers lactometer and urinometer;
Thermometry—clinical thermometer.

Laboratory Work

Preparation and study of the elements and compounds studied in class.

The above course is given to the junior pupil nurses from the various training schools in Toronto.

Trifles captivate small minds.

Hospitals and Nurses

NOVA SCOTIA

The following nurses form the graduating class of Victoria General Hospital, Halifax, for 1920: Misses Edna Holloway, Vera Baxter, Hilda Crooks, Ethel Langille and Ethel Woodhead.

Miss Jessie Ross, the recently appointed chief nurse at the newly-opened health centre in the old Admiralty House, Halifax, is a graduate of the Wilksbarre City Hospital, and held several positions along public health work before accepting her present position.

At the May meeting of the Nova Scotia Graduate Nurses' Association, Mrs. Elizabeth Doyle, the president, in the chair, Dr. Grace Spencer, of the mission field in India, gave a keenly interesting address on the crying need of organizing hospitals in that distant land and of teaching the art of nursing to the natives. She gave a graphic picture of the work done by these mission hospitals and their staff. She was accompanied by her niece, Miss Morrison, a student in Dalhousie University, who contemplates missionary work as a culmination of her university course.

* * * *

QUEBEC

Royal Victoria Hospital, Montreal

The war, responsible for so many changes, prevented the holding of the annual alumnae dinner of the R. V. H. for five years, so that it was with a general feeling of home-coming after a long absence that over one hundred graduates, many of whom served overseas, gathered in the Nurses' Home, April 28th, to do honor to the forty-two members of the class of 1920.

The reception-room and dining-room were prettily decorated for the occasion with pussy-willows and daffodils, and bright-colored butterflies made their appearance earlier than usual to add to the pleasure of the evening and to show the guests their places.

Miss Hersey led the way to the dining-room with Miss Rainboth, senior member of the graduating class; with them at the head of the table were Miss Goodhue, president of the Alumnae, and Mrs. G. Armstrong, vice-president, with Miss Slattery and Miss Watson, gold medalists of the year; Miss Pidgeon, R.R.C., with Miss McCabe, who won the prize for general proficiency, and others.

An hour spent in music and dancing brought to a close a very pleasant evening.

On the evening of May 5th Sir Vincent Meredith gave a very enjoyable dance to the graduating and senior classes of the Royal Victoria Hospital. About one hundred and fifty nurses, with their guests, were present. They were received by Miss Hersey, Sir Vincent Meredith and Mr. and Mrs. Wooten. The music was provided by the Westmount Jazz Orchestra.

Montreal General Hospital

The annual meeting of the Alumnae Association was held April 9th, and the following are the officers for the ensuing year: President, Miss S. E. Brown; first vice-president, Miss S. E. Young; second vice-president, Miss E. Cowen; treasurer, Miss Colley; recording secretary, Miss I. Davies; corresponding secretary, Miss M. MacDougall; treasurer sick benefit fund, Miss H. M. Dunlop. Committee—Miss F. M. Shaw, Miss Tedford, Miss Watling, Miss Barrett, Miss McDermot.

A simple but impressive ceremony took place at the Montreal General Hospital on Saturday, April 24th, when the memorial tablet erected by the Alumnae Association, in memory of Nursing Sisters Fortescue and Sare, was unveiled by Miss M. C. MacDonald, R.R.C., Matron-in-Chief of the Canadian Overseas Nurses.

About two hundred were present, including the near relatives of the Nursing Sisters. The service was conducted by Canon Almond. A brief address was made by Canon Shatford, in which he said: "Three factors went to the completeness of the great sacrifice of life itself. One was the character of those who gave themselves; the second, the mission on which they were engaged; and the third, the circumstances of the martyrs' death. Their mission, when overtaken by death, was in the midst of struggle; not to kill, but to save; not to strike, but to heal; not to impose suffering, but to bring comfort. The circumstances of their death were such as to daunt the highest courage, for they went down to death at sea ... the darkness of night. All three conditions of noble and complete sacrifice had been fulfilled. In proportion, then, to their suffering and faithfulness should be the inspiration to those who survive, and to the many who will tread the hospital corridor in the future, seeing the record of brave deeds, and lives given for a great cause, and not the least among the givers were the two women whose names are inscribed on the tablet last added to the record of the hospital's honored dead."

The inscription on the tablet, which is of brass mounted on an oak frame, is as follows:

"This tablet has been erected by the members of the Montreal General Hospital Alumnae Association in memory of Nursing Sisters Margaret Jane Fortescue and Gladys Irene Sare, who were drowned when H. M. hospital ship 'Llandovery Castle' was torpedoed by a German submarine, June 27th, 1918."

Miss Vivian Tremaine has been appointed matron of the S. C. R. Sanatorium at St. Agathe.

Miss Helen Nelson, Miss Marjorie Ross and Miss Harriet Ross are on the staff at the Laurentide Inn, St. Agathe.

Miss Antoinette Dore is doing private nursing in Montreal, having been recently discharged from military duty at St. Agathe.

Miss Agnes Jamieson is at present nursing her father, who, we are sorry to hear, is seriously ill.

The engagement has been announced of Miss Olive Barwick (class 1916) to Mr. Gordon Nelson Edwards, of Sherbrooke, P. Q. The marriage will take place the latter part of June.

Miss Margaret McCammon has been called home owing to the illness of a brother.

* * * *

ONTARIO

On Tuesday, May 11th, the Victoria Hospital Nurses' Alumnae, London, met for the election of officers at the annual meeting. As Mrs. A. C. Joseph declined re-nomination after three years in the chair, Miss Della Hutchison was elected by acclamation. Other officers are: Vice-presidents, Misses Malloch and Bice; secretary, Miss Ada Nash; treasurer, Mrs. W. Cummins; *Canadian Nurse* representative, Mrs. A. C. Joseph. Misses Mortimor, Cockburn and Barons were elected to the advisory board, and the programme committee consists of Mrs. Allison, Miss Shannon and Miss Luckham. The association decided to donate $1,000 for a Memorial Children's Hospital, and plans were made for the annual picnic to be held June 19th. A pleasing part of the programme was the introduction of the 1920 class, presented by Miss Stanley, to the association, of which, upon graduation, they became members. Miss Stanley was presented by the association with a huge armful of crimson roses as a mark of the admiration they have for her.

The card party given in May by the Victoria Hospital Nurses' A.A. in aid of the War Memorial Hospital for Children was a great success socially and financially. The guests were received by Miss Stanley and Mrs. A. C. Joseph, assisted by a large committee. Spring flowers formed the decorations, and many non-players joined them at the tea hour. Miss Talbot, accompanied by Miss A. D. Jordan, added to the pleasure of the guests by an excellent musical programme.

The largest class known in the history of Victoria Hospital, London, recently graduated, the exercises taking place in Wesley Hall. Col. Gartshore, president of the board, in his chairman's address referred to the centenerary of Florence Nightingale, and also referred feelingly to the death of one of the members of the class, Miss Margaret Hogarth, who lost her life during the influenza epidemic two months ago. The diplomas were presented by Col. Gartshore, and the medals pinned by Miss Stanpey. Short addresses were given by Rev. Dr. Peever and Dr. G. C. Hale. The musical programme was much appreciated by those present.

Those who graduated are:

Anna Jane Windover, Mina Frances Sutton, Josephine Florence Campbell, Madeline Garland Adams, Helen Waltalena Reaman, Ida Dunke, Mary Isabell Maddock, Gladys Thompson, Clara Jane Thomas, Augusta McLevin, Margaret Hornal, Alma Ethel Smith, Marjorie Helen Walker, Jean Marjorie McKelvie, Beatrice Aileen Smith, Iva Eleanor Levice Guest, Emily Irene MacLaurin, Ethel May Perrin, Mabel Irene Laur, Christena Catharine Gillies, Edith Marian Steven, E. Margaret McCulloch, Carolyn Anne MacRobert, Marjorie Sinclair Mason, Aimee Lois Pearce, Marjorie White, Gladys Isabel Tamlin, Kathaline Olivia McNally, Della St. Clair Foster, Mildred Irene Thomas, Edna Jefferson, Marjorie Edna Rowe.

In the evening the graduates and their friends participated in a dance at the Nurses' Home. Miss Stanley received the guests. She was attired in a handsome gown of silver grey net, with corsage of sweet peas. Col. Gartshore assisted her.

On Wednesday, May 12th, the anniversary of the birth of Florence Nightingale, the Women's Canadian Club of London entertained 48 of the 68 nurses who went overseas from this district at a banquet at the Tecomseh Hotel. Dr. Edna Guest, a native of London township, was the speaker of the evening. Several of the Sisters present gave short talks on their experiences overseas. A most interesting address was given by Dr. Edna Guest, who had had rare opportunities of service in different countries, and whose reminiscences were most entertaining. The work of the Women's Canadian Club for Serbia had been much appreciated, and a pleasant surprise was given the club by the announcement that the Serbian Order of Mercy had been conferred on Mrs. A. T. Edwards and Mrs. Donald McLean, secretary and president, during the war time.

* * * *

MANITOBA

Winnipeg

Miss F. Wilson, formerly superintendent of nurses, W. G. H., is taking up small fruit farming in British Columbia with Miss K. A. Martin, class 1916.

Miss Jean Urquhart, W. G. H., is on the staff of the Schools Hygiene Department, Saskatchewan, and has been teaching school hygiene at the Provincial Normal School, Regina.

Miss Meta Hodge resigned her position at the W. G. H. to join the nursing staff of the Provincial Board of Health.

Miss G. Goulding is taking a course in mental hygiene at the University of Toronto.

Miss T. Herman has resigned her position as anaesthetist at the W. G. H. to take charge of the operating room.

Miss Mary I. Fraser is college nurse at the Manitoba Agricultural College.

THE ST. BONIFACE NURSES' ALUMNAE ASSOCIATION

Miss Maud Wannacott, St. B. H. (class 1904), of the City Child Welfare Department, has been called to Kingston, Ont., owing to the serious illness of her sister.

Miss Jennie Roberts, St. B. H. (class 1914), is taking a course in anaesthetics at the Winnipeg General Hospital.

Mrs. George McDonald, St. B. H. (class 1912), has gone to Prince Rupert, where she intends to make her home.

Miss Kate Wymbs, St. B. H. (class 1912), who has been ill with diphtheria at the King George Hospital, has recovered.

Nursing Sister Hannah Fogarty, St. B. H. (class 1910), of the Tuxedo Military Hospital staff, is spending her leave at St. Paul, Minn.

Rev. Sister Arcand, superintendent of nurses of the St. Boniface Hospital, is at present seriously ill.

The April meeting of the St. Boniface Alumnae was held on Wednesday evening, the 14th inst. After the transaction of the usual business, Dr. Mathers gave an interesting lecture on "Psychopathic Work." There was a good attendance.

Miss Maud Cuffe, St. B. H. (class 1918), has been taken on the staff of the City Child Welfare Department.

* * * *

SASKATCHEWAN

The graduating exercises of the Maple Creek General Hospital Training School were held on the afternoon of April 23rd in the Grand Theatre. Major Kerr, M.D., addressed the graduating class, and Mrs. John Dixon presented the medals and diplomas. The valedictory was read by Miss Christian, who was presented with a card of honor for proficiency and high standing taken in both theory and practical work. The class consisted of the following: Miss Almira Caswell, Miss Eleanor Geddey and Miss Mary Christian.

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BRITISH COLUMBIA

The graduating exercises of the 1920 class of the Vancouver General Hospital took place May 29th at the Auditorium of the University of B. C. The invocation was given by the Rev. C. C. Owen, and the chairman's address by Mr. H. T. Devine, president of the board. Addresses were given by Mayor Gale, Dr. R. E. McKechnie, Chancellor of the University; Rev. Principal Vance, and Dr. H. E. Young. The Nightingale Pledge was taken by the members of the class, and medals and scholarships presented by Dr. M. T. MacEachern. The pins and

diplomas were presented by Mrs. John Hanbury and Mrs. Stanley T. Creelman. Miss Ethlyn Knight read the valedictory. Membership in the Vancouver G.N.A. was given for one year to each graduate of the class by Miss Cosae Haskins, president of the V.G.N.A.

The graduates were: Miss Gladys Margaret Johnson, Miss Ethel Mary Richardson, Miss Doris Bates, Miss Mildred Evelyn Chester, Miss Daisy Isabel Dewar, Miss Lilias Thompson, Miss Annie Louise Raphael, Miss Helen Bennett, Mrs. Amy G. Goddard, Miss Jean C. Cannon, Miss Dorothy Joliffe, Miss Catherine Ann Thomson, Miss Ethelyn Mary Knight, Miss Ella C. Webster, Miss Lillian Jeane Stevens, Miss Agnes J. McCrae, Miss Norah E. Rawden, Miss Joyce Leslie, Miss Hilda Keith Smith, Miss Gertrude Leila Ketcheson, Miss Euia C. Watson, Miss Ruth Morrisette, Miss Mary Alfreda Murray, Miss Ethel Endacott, Miss Lillian S. Clarke, Miss Ruby Winifred Rogers, Miss Alberta Winnifred Steacy, Miss Ethel Ruth Flower, Miss Katharine Evelyn Little, Marjorie L. MacCaul, Miss Diana Carson Armstrong, Miss Agnes Jane Webster, Miss Edith Hanbury, Miss Margaret Winnifred Manson, Miss Gladys E. Perry, Miss Margaret Jean Peters, Miss Frederica W. Evans, Miss Margaret Ella Murray, Miss Alma R. Morrison, Miss Christine Lanoville, Miss Rhea Fick, Miss Ethel M. Hutchinson, Miss Mildred E. Jackson, Miss Edna C. Godwin, Miss M. Jean Mutrie, Miss Thelma Code, Miss abel Catherine Howes, Miss Helen Jeannette Whitehead; affiliates from the Ladysmith General Hospital, Ladysmith, Miss Margaret Mary White, Miss Jessie Pearl Provis, Miss Phoebe Caroline Glover, Miss Eleanor Wilson; affiliate from the Port Simpson General Hospital, Port Simpson, Miss Vera Orilla Cramer.

Dr. M. T. MacEachern presented the medals and scholarships to those graduates who had distinguished themselves during the years of training. These prizes were as follows: The R. E. McKechnie Medal for general proficiency, Miss Helen Bennett; the Glen Campbell Prize for best examination in diseases of the eye, Miss Ella C. Webster; the Seldon Medal for highest standing in surgery, Miss Ethelyn Knight; the Alison Cumming Medal for highest standing in medicine, Miss Marjorie MacCaul; the Riggs-Monro Scholarship for the purpose of post-graduate work in surgery, Miss Helen Bennett; the Carder Prize for general proficiency in pediatrics, Miss Doris Bates; the Thompson-Champion Scholarship for the purpose of post-graduate study, Miss Ethelyn Knight: the Covernton Scholarship for the purpose of post-graduate study in pediatrics, Miss Annie Louise Raphael. Intermediate year—The Ponton Prize for charting, Miss E. Sutherland.

The Vancouver Graduate Nurses' Association held their regular monthly meeting on Wednesday, June 2nd. After a short session, Dr. R. L. Pallen gave a most interesting and instructive paper on "Oral Hygiene."

There will be no meetings of the association during July and August

The V.G.N.A. this year made a new departure and presented each member of the graduating class of the Vancouver General Hospital with a certificate of membership in the association. The presentation was made at the graduating exercises on May 29th by the president, Miss C. M. Haskin, who, in a short address to the class, outlined the objects and benefits of the association, and mentioned this year as a fitting time for the association to make this new departure, being the 100th anniversary of the birthday of Florence Nightingale.

At the close of her remarks to the class, Miss Haskins conveyed the congratulations of the association to the class of 1920, and also extended a very cordial welcome to each member into the association.

KAMLOOPS

The annual graduating exercises of the nurses' training school of the Royal Inland Hospital were held in the Kamloops Opera House recently, when eight probationers were presented with their diplomas as qualified graduate nurses. The graduating class was Miss Evelyn Moffatt-Bond, Miss Nellie Wilkinson, Miss Ina K. Aannala, Miss Olive Hume, Miss Gladys Lidstone, Miss Vera Howard-Norfolk, Miss Mary J. Hawthorne and Miss Joy E. Raine.

In the unavoidable absence of Mr. J. T. Robinson, chairman of the board, the chair was taken by Mayor Burton.

The diplomas were presented to the eight young ladies by Mrs. S. C. Burton, president of the ladies' auxiliary of the hospital, and Miss MacMillan, hospital superintendent, made the presentation of medals.

Addresses were given by Mayor Burton, Rev. Father Madden and Rev. Christopher Reed, and a good musical programme added to the enjoyment of the occasion.

VICTORIA

The sympathy of the association is given to Miss Irene Norcross, of Victoria, in the loss of her mother recently.

At the monthly meeting of the association it was decided on the first of June to raise the nurses' fees to the scale in force in Vancouver.

Plans were complete for the furnishing of the rooms at the Royal Jubilee Hospital which are to be a memorial to the late Nursing Sisters, Christine M. Campbell and Gladys M. Wake, the formal opening of which took place May 15th.

Mr. Ross gave an interesting talk on the relation of play to the development and physical welfare of children.

The Vancouver members of the G. N. A. of B. C. regret to report the death by a motor accident of Miss Annie Laura Fuller, graduate of the Vancouver General Hospital. She was the daughter of Mrs. William Fuller, of 45 Twelfth Avenue, East, who have the sympathy of the association.

At the invitation of the Sister Superior, the graduates of St. Joseph's Hospital met to form an Alumnae Association. This was done, and

Miss Ethel Saunders was unanimously elected president, Sister Mary Bridget accepting the office of honorary president. The other officers are: First vice-president, Miss Madigan; second vice-president, Mrs. Sylvester; recording secretary, Miss Florence Sehl; corresponding secretary, Mrs. Fowler; treasurer, Mrs. Sinclair, who, with the following members, will form the executive committee: Misses Johnson, McBride, Sennett and Mrs. Ridewood. A portrait of Sister Mary Gertrude, for many years superintendent of the training school, was unveiled by Miss Saunders, the members standing as a mark of respect.

BIRTHS

BARRAGER—At the Winnipeg General Hospital, a daughter to Dr. and Mrs. A. Barrager. Mrs. Barrager was Miss Blanche Ledoux, St. Boniface Hospital, 1908.

PICARD—At the Misericordia Hospital, Winnipeg, a son to Dr. and Mrs. J. Picard. Mrs. Picard was Miss Flo. Brown, St. Boniface Hospital, 1914.

FORRESTER—At Winnipeg, February 24th, 1920, to Mr. and Mrs. J. H. Forrester (nee A. Vick, W.G.H. class of 1910), a boy.

MANN—At Winnipeg, December 30th, 1919, to Dr. and Mrs. W. Mann (nee Amy Argue, W.G.H. class of 1916), twins, Kathleen and Marjorie.

MITCHELL—At Winnipeg, February 21st, 1920, to Dr. and Mrs. R. B. Mitchell (nee D. Harvey, W.G.H. class 1906), a boy.

SCROGGIE—On Monday, May 10th, 1920, a daughter to Mr. and Mrs. George Scroggie, of 169 St. Joseph Boulevard, W., Montreal. Mrs. Scroggie was Miss Grace Huff (R. V. H., 1906).

MARRIAGES

BRADBURY-MCCALL—At Prince Albert, Sask., October 19th, 1919, Miss Luzetta A. McCall (W. G. H., class 1919) to Mr. Kerwood Bradbury, of Prince Albert.

BROWN-MAWHOOD—Recently, at Victoria, by the Rev. J. G. Inkster, Miss M. J. Mawhood, daughter of Mr. and Mrs. J. W. Mawhood, of Ascot Vale, West Molbourne, Australia, to Lieut. W. G. Brown, of Victoria. Miss Mawhood served during the war in India and Mesopotamia. They will live in Victoria.

EVANS-RHODES—At the Cathedral of the Holy Trinity, by the Lord Bishop of Quebec, Miss Dorothy Rhodes (M. G. H., class 1918) to Mr. Trevor Evans, son of Dean Evans. Mr. and Mrs. Evans are residing in Montreal.

EXTON-ERAUT—In Victoria, B. C., Wednesday, April 7th, 1920, Miss Victoria L. Eraut (W. G. H., class 1905) to Mr. Edward Exton. At home, Port Alberni, B. C.

GIBSON-BELL—At Winnipeg, October 27th, 1919, Miss Marion G. Bell (W. G. H., class 1919) to Dr. A. Gibson, of Winnipeg.

HARWOOD-HOBBS—At St. Luke's Church, Cedar Hill, B. C., Emily, only daughter of Mrs. E. Hobbs, of Cadboro Bay, to Ernest John Harwood, of Victoria, on April 7th. Mrs. Harwood is a graduate of the Provincial Jubilee Hospital, Victoria.

HOLLAND-AUBREY—At St. Stephen's Church, Saturday, February 14th, 1920, by the Very Rev. Dean Evans, Miss Jessie Aubrey (M. G. H., class 1919) to Mr. Henry Morley Drake Holland. They are residing in Vancouver.

TROTTER-BRITTAIN—At the home of the bride's mother, February 25th, 1920, Miss Mary Broome Brittain (M. G. H., class 1913) to Mr. Archibald J. Trotter. They reside in Saskatoon.

DEATHS

REID—At Long Beach, California, September 16th, 1919, Jessie Nelson Reid (class of 1907).

If I have faltered more or less
In my great task of happiness,
Lord, Thy most poignant pleasure take
And stab my spirit broad awake.

—STEVENSON.

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President, Miss Margaret Murdoch, G.P.H., St. John; First Vice-President, Miss Ada Burns, St. John; Second Vice-President, Miss M. McMullen, St. Stephen; Third Vice-President, Miss A. Whyte, Doaktown; Fourth Vice-President, Mrs. W. S. Jones, Albert; Fifth Vice-President, Mrs. M. D. Richards, Fredericton; Corresponding Secretary, Mrs. D. C. Malcolm, St. John; Recording Secretary, Mrs. G. L. Dunlop, St. John; Treasurer, Miss E. J Mitchell, St. John; Miss Kate Holt, St. John; Miss S. E. Brophy, St. John; Miss Maltby, Newcastle.

THE ALUMNÆ ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Mrs. A. Chisholm, 26 Lorne Avenue; Vice-President, Miss H. A. I. Wyman, 305 MacKay Street; Secretary-Treasurer, Miss J. E. Smithers, Women's Hospital.

Conveners of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman; Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss J. Giffen, Lady Supt., C. M. H.; President, Miss M. Wight, C. M. H.; Vice-President, Miss C. MacDonald; Treasurer, Mrs. Walcott, 47 Notre Dame St., Lachine; Secretary, Miss E. G. Alexander, C. M. A.

Board of Directors—Miss Stafford, Miss M. Armour.

"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

President, Miss Goodhue; First Vice-President, Miss Amelia Campbell; Second Vice-President, Miss Prescott; Recording Secretary, Mrs. E. Roberts, 438 Mt. Stephen Avenue, Westmount; Corresponding Secretary, Miss Prescott, Royal Victoria Hospital, Montreal; Assistant Corresponding Secretaries, Misses Buck and Karn, R.V.H.; Treasurer, Miss M. Etter, R.V.H.; "Canadian Nurse" Representative, Miss L. O'Reilly, R.V.H.

Sick Visiting Committee—Mrs. M. J. Bremner (Convener), 39 Linton Apartments, Sherbrook Street West; Mrs. Paul Johnston, 17 Hope Avenue; Mrs. Walter Stewart, 449 Sherbrooke Street West; Miss Whelan, 308 Drummond Street; Miss Gall, 100 Fort Street; Miss Eaton, 464 Union Avenue.

Regular monthly meeting second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Miss Ada Wilkinson; First Vice-President, Mrs. H. F. McLean; Second Vice-President, Miss S. G. Maw; Treasurer, Miss J. Craig, Western Hospital, Montreal, Que.; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Que.

Convener of Finance Committee—Mrs. Wm. Daw.

Convener of Programme Committee—Miss Phillis Dean.

Convener of Membership and Visiting Committee—Miss Edna Payne.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to "Canadian Nurse"—Miss E. Wright.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL. MONTREAL, QUE.

Hon. President, Mrs. H. Pollock, Superintendent of Nurses' Homeopathic Hospital; President, Miss E. Routhier, 4 Oldfield Avenue; Vice-President, Miss J. Ryan, 306 Prince Arthur Street, West; Secretary, Miss D. W. Miller Treasurer, Miss M. J. Boa, Homeopathic Hospital.

Conveners of Committees—Finance, D. W. Miller; Sick Visiting, Misses Buchanan and Garrick.

Representative to the "Canadian Nurse"—Miss M. Richards, Mansfield Street.

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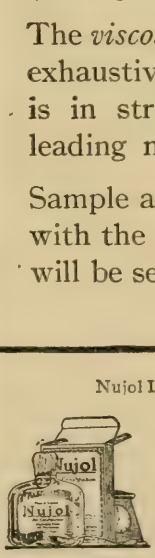

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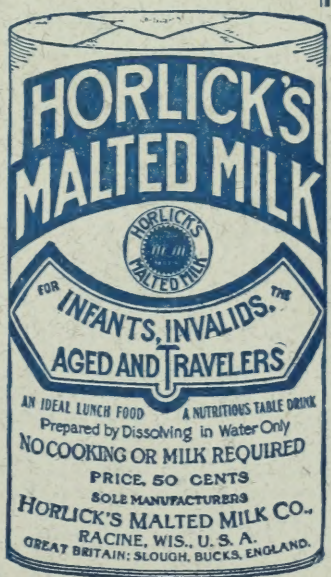

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